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First Named Applicant	ZHOU,		YIG	DING			
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INVENTION ANTIMALARIAL COMPOSITIONS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
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142-1290 PART B—ISSUE FEE TRANSMITTAL MAILING INSTRUCTIONS: This form should be used for nitting the ISSUE FEE. Blocks 2 through 6 should be corripleted where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing, below. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary 2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change) depending on the needs of the individual case. Any comments on the amount of time required to INVENTOR'S NAME complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. Street Address DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231 City, State and ZIP Code 1. CORRESPONDENCE ADDRESS CO-INVENTOR'S NAME 12M2/0319 WENDEROTH, LIND & PONACK Street Address 805 15TH ST., N.W., STE. 700 WASHINGTON DC 20005 City, State and ZIP Code ☐ Check if additional changes are enclosed EXAMINER AND GROUP ART UNIT DATE MAILED APPLICATION NO. **FILING DATE TOTAL CLAIMS** 1205 03/19/97 JORDAN, 005 03/23/94 08/216,440 First Named YIQING zHOU, Applicant INVENTION ANTIMALARIAL COMPOSITIONS ATTY'S DOCKET NO. **CLASS-SUBCLASS** BATCH NO. APPLN. TYPE SMALL ENTITY FEE DUE DATE DUE 06/19/97 \$1290.00 K87 UTILITY NO 514-450.000 418634ACCNC0 i 3. Correspondence address change (Complete only if there is a change) 4. For printing on the patent front WENDEROTH, LIND & PONACK page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered ROPERA 00000126 08216 attorney or agent. If no name is listed, no name will be printed. 5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type) CIBA-GEIGY AG and robiology and Epidemiology. (1) NAME OF ASSIGNEE: 6a. The following fees are enclosed: **[CHECK NO.** 24334Institute of Microbiology and Epidemiology, Academy o
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